

# Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

COVER PAGE

SEE INSTRUCTIONS ON REVERSE	Statement covers period from <u>07/01/2019</u> through <u>12/31/2019</u>	Date of election if applicable: (Month, Day, Year) <u>11/03/2020</u>	Date Stamp <u>11/03/2020</u>
			Page <u>1</u> of <u>4</u> For Official Use Only

**1. Type of Recipient Committee:** All Committees - Complete Parts 1, 2, 3, and 4.

☒ Officeholder, Candidate Controlled Committee  
☐ State Candidate Election Committee  
☐ Recall  
(Also Complete Part 5)

☐ General Purpose Committee  
☐ Sponsored  
☐ Small Contributor Committee  
☐ Political Party/Central Committee

☐ Primarily Formed Ballot Measure Committee  
☐ Controlled  
☐ Sponsored  
(Also Complete Part 6)

☐ Primarily Formed Candidate/Officeholder Committee  
(Also Complete Part 7)

**2. Type of Statement:**

☐ Preelection Statement  
☒ Semi-annual Statement  
☐ Termination Statement  
(Also file a Form 410 Termination)  
☐ Amendment (Explain below)

☐ Quarterly Statement  
☐ Special Odd-Year Report  
☐ Supplemental Preelection Statement - Attach Form 495

**3. Committee Information**

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  
Patino for Mayor 2020

I.D. NUMBER  
1342332

**Treasurer(s)**

NAME OF TREASURER  
Tom Martinez

MAILING ADDRESS  
2624 Airpark Dr.

CITY  
Santa Maria STATE  
CA ZIP CODE  
93455 AREA CODE/PHONE  
(805) 934-5737

NAME OF ASSISTANT TREASURER, IF ANY  
Trent Benedetti

MAILING ADDRESS  
2151 S. College Dr., Ste. 101

CITY  
Santa Maria STATE  
CA ZIP CODE  
93455 AREA CODE/PHONE  
(805) 934-5737

OPTIONAL: FAX / E-MAIL ADDRESS  
tom@martinezassoc.net

**4. Verification**

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 1-20-20 Date  
1/28/2020 Date

By Tom Benedetti Signature of Treasurer or Assistant Treasurer  
Olivia M. Patino Signature of Controlling Officerholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

By \_\_\_\_\_ Signature of Controlling Officerholder, Candidate, State Measure Proponent

By \_\_\_\_\_ Signature of Controlling Officerholder, Candidate, State Measure Proponent

By \_\_\_\_\_ Signature of Controlling Officerholder, Candidate, State Measure Proponent

Recipient Committee  
Campaign Statement  
Cover Page — Part 2

COVER PAGE - PART 2

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5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE			
Alice Patino			
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)			
Mayor			
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY	STATE	ZIP
2624 Airpark Drive	Santa Maria	CA	93455

**Related Committees Not Included in this Statement:** *List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.*

COMMITTEE NAME	I.D. NUMBER		
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO		
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)		
CITY	STATE	ZIP CODE	AREA CODE/PHONE
COMMITTEE NAME	I.D. NUMBER		
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO		
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)		
CITY	STATE	ZIP CODE	AREA CODE/PHONE

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE	
BALLOT NO. OR LETTER	JURISDICTION
	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY

7. Primarily Formed Candidate/Officeholder Committee *List names of officeholder(s) or candidate(s) for which this committee is primarily formed.*

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

Attach continuation sheets if necessary

# Campaign Disclosure Statement Summary Page

Amounts may be rounded  
to whole dollars.

SUMMARY PAGE

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Patino for Mayor 2020

Statement covers period

from 07/01/2019

through 12/31/2019

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I.D. NUMBER

1342332

## Contributions Received

Column B  
CALENDAR YEAR  
TOTAL TO DATE

Column A  
TOTAL THIS PERIOD  
(FROM ATTACHED SCHEDULES)

Calendar Year Summary for Candidates  
Running in Both the State Primary and  
General Elections

1. Monetary Contributions	Schedule A, Line 3	\$	0.00	\$	0.00	1/1 through 6/30	7/1 to Date
2. Loans Received	Schedule B, Line 3		0.00		0.00		
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	\$	0.00	\$	0.00		0.00
4. Nonmonetary Contributions	Schedule C, Line 3		0.00		0.00		
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	\$	0.00	\$	0.00		143.75

## Expenditures Made

Expenditure Limit Summary for State  
Candidates

6. Payments Made	Schedule E, Line 4	\$	143.75	\$	593.75		
7. Loans Made	Schedule H, Line 3		0.00		0.00		
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	\$	143.75	\$	593.75		
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3		0.00		0.00		
10. Nonmonetary Adjustment	Schedule C, Line 3		0.00		0.00		
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	\$	143.75	\$	593.75		

## Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16	\$	6,136.82
13. Cash Receipts	Column A, Line 3 above		0.00
14. Miscellaneous Increases to Cash	Schedule I, Line 4		0.00
15. Cash Payments	Column A, Line 8 above		143.75
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15	\$	5,993.07

If this is a termination statement, Line 16 must be zero.

17. LOAN GUARANTEES RECEIVED

Schedule B, Part 2

\$ 0.00

## Cash Equivalents and Outstanding Debts

18. Cash Equivalents	See instructions on reverse	\$	0.00
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above	\$	0.00

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

\*Amounts in this section may be different from amounts reported in Column B.

22. Cumulative Expenditures Made\*  
(If Subject to Voluntary Expenditure Limit)

Date of Election  
(mm/dd/yy)

Total to Date

\_\_\_\_/\_\_\_\_/\_\_\_\_ \$  
\_\_\_\_/\_\_\_\_/\_\_\_\_ \$

